

| POSITION            | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|------|
| FEE DETERMINATION   | RR       | 18029  | 8/23 |
| O.I.P.E. CLASSIFIER |          |        |      |
| FORMALITY REVIEW    |          |        |      |

INDEX OF CLAIMS

|   |   |
|---|---|
| ✓ ..... Rejected<br>+ ..... Allowed<br>- (Through numeral) Canceled<br>+ ..... Restricted | N ..... Non-elected<br>I ..... Interference<br>A ..... Appeal<br>O ..... Objected |
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If more than 150 claims or 10 actions  
staple additional sheet here

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